

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155704</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/21/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>WALDRON HEALTH AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 N MAIN ST</b> <b>WALDRON, IN 46182</b>		
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00145850.</p> <p>Complaint IN00145850-Substantiated. Federal/State deficiency related to the allegations is cited a F323.</p> <p>Survey date: March 21 2014</p> <p>Facility number 000423 Provider number 155704 AIM number 100290450</p> <p>Survey team: Chuck Stevenson, RN-TC</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 15 Medicaid: 42 Other: 2 Total: 59</p> <p>Sample: 3</p> <p>Waldron Health and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint 145850.</p> <p>Quality review completed on March 28, 2014, by Janelyn Kulik, RN.</p>	F 000			
F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p>	F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure adequate supervision was provided to prevent an accident with injury for 1 of 3 residents reviewed. This deficient practice resulted in the resident sustaining a fractured femur after being left unattended in bed during care and sustaining a fall to the floor. (Resident #B) Findings include:</p> <p>The record of Resident #B was reviewed on 3/21/14 at 10:00 a.m. The resident's diagnoses included, but were not limited to, cerebral palsy, mental retardation, bipolar disease, schizophrenia, and hypertension.</p> <p>An Annual Minimum Data Set (MDS) Assessment dated 12/18/13 indicated Resident #B was cognitively impaired, did not ambulate, required assistance with all activities of daily living, and was incontinent of bowel and bladder.</p> <p>Progress notes for Resident #B indicated:</p> <p>3/09/14 8:49 a.m. "Actual or suspected fall Date of Incident 3/09/14 Time of Incident 8:00 AM...Possible Contributing Factors: Bed not in</p>	F 323	<p>Past noncompliance: no plan of correction required.</p>		

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F 323	<p>Continued From page 2 low position..."</p> <p>3/09/14 8:54 a.m. "...Transferred to: Acute care hospital. Reason: for evaluation..."</p> <p>3/09/14 11:05 a.m. "Rec'd (received) call from (name of Resident #B's family member) leg is fractured and dislocated..."</p> <p>A "Verification of Incident Investigation/Administrative Summary" form dated 3/11/14 and signed by the Executive Director and Director of Nursing indicated:</p> <p>"Resident: (Resident #B)</p> <p>Type of Incident: Fall</p> <p>Date of Incident: 3/09/14</p> <p>Time of Incident: 8:00 a.m.</p> <p>Description of Injuries: Fracture Femur (sic)</p> <p>Brief Description of the Incident: Resident lying on floor beside bed, c/o (complaining of) pain in (symbol for "left") leg.</p> <p>Summary of Investigative Findings: Resident was being bathed by CNA (CNA #1) with bed elevated at working height. CNA left resident (symbol for "and") she rolled from bed onto (symbol for "left") side on floor. Mat not in place.</p> <p>Follow-Up Actions Taken: Involved CNA terminated from employment..."</p> <p>An "Incident Report Form" identified by the Executive Director as relating to Resident B's fall</p>	F 323			

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F 323	<p>Continued From page 3 with injury on 3/09/14 and filed with the State Agency on 3/10/14 indicated:</p> <p>"Staff name: (CNA #1)</p> <p>Brief Description of Incident: This resident sustained a Fx (fractured) Femur as a result of a fall.</p> <p>Type of Injury/Injuries: Fx Femur</p> <p>Immediate Action Taken: Resident transferred to hospital...</p> <p>Preventive measures taken: During a.m. care on 3/9/14 this non totally dependent resident was left unattended and rolled from the bed to the floor. During a.m. care the C.N.A. heard another C.N.A. call for assist with another resident. The C.N.A. did not lower the bed to the lowest position nor did she replace the mat beside the bed before she left to assist the other resident. The resident fell to the floor resulting in a Fx Femur. The resident was immediately transported to the hospital for evaluation and treatment. The C.N.A. was suspended per policy pending investigation outcome...At the investigation conclusion the C.N.A. was terminated..."</p> <p>A "Disciplinary Action Form" dated 3/10/14 for C.N.A. #1 indicated:</p> <p>"Date of Incident: 3/09/14.</p> <p>Policy Violated: General Standards of Conduct- Failure to follow safety rules and safe operating practices.</p> <p>Detailed Description of Incident: During morning</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>care, CNA left resident in bed with bed in high position. Mat not in place. Resident fell out of bed resulting in fractured femur.</p> <p>Summary of disciplinary action to be taken: Termination.</p> <p>A hospital emergency room report indicated to relate to Resident B and dated 3/09/14 indicated:</p> <p>"Physician Comments: Patient is a 59 year old female with a history of arthritis status post hip and knee replacements and femur fracture who presents with a fall out of bed. Patient's bed is normally only a short distance off the ground. Patient reportedly rolled out of bed at the nursing home and fell. She complains of left lag pain...</p> <p>X-rays reveal a comminuted fracture of the proximal femur involving the prosthesis them (sic) that extends up to the level of the previous plate from femur fracture...</p> <p>Impression: Proximal femur fracture involving the hip prosthesis on the left."</p> <p>An "Interview/Investigative Record" form dated 3/10/14 and signed by C.N.A. #1 indicated:</p> <p>"Started her (Resident B) bath about 7:50 a.m. (C.N.A. #2) came into the room asking for help (symbol for "with") hoyer ( a mechanical patient lift) at 8:00 a.m. I told her I would finish her bottom (symbol for "and") put on her brief and come over...I told (Resident B) 'Be still I'll be right back.' (symbol for "and") usually she does. Then I went in the next room. After about 1 minute we heard (Resident #B) yell, then (C.N.A. #2) saw her on the floor through the bathroom door...the</p>	F 323			

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F 323	<p>Continued From page 5 mattress was at my hip height..."</p> <p>An "Interview/Investigative Record" form dated 310/14 and signed by C.N.A. #2 indicated:</p> <p>"I needed to get to the dining room so I got my resident ready (symbol for "and") yelled through the bathroom door to see if she (C.N.A. #1) could help me. She told (Resident #B) she'd have to wait just a minute (symbol for "and") came over to help me...(Resident #B) was crying (symbol for "and") yelling, (C.N.A. #1) was gone about 1 1/2 minutes from her. I opened the door (symbol for "and") saw her lying on her side on the floor. The mat wasn't down (symbol for "and") the bed wasn't low, it was at working height..."</p> <p>A "Fall Risk Care Plan" for Resident #B with an origination date of 1/24/11 and most recently updated January 2014 indicated Resident #B was at risk for falls and injuries related to Psychotropic and pain medications, a history of femur fracture, arthritis, cognitive impairment, and weakness. Interventions included, but were not limited to, bed in low position and mat at bed side.</p> <p>A "Job Description/Performance Evaluation" form for a job title of "Certified Nursing Assistant (CNA)" received from the Administrator on 3/21/14 at 3:00 p.m. and indicated to be the appropriate job description for C.N.A. #1 indicated:</p> <p>"Key/Essential Duties:</p> <p>General Care...Never leaves any resident in an unsafe position or situation as per the plan of care."</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>During an interview on 3/21/14 at 3:00 p.m. with the Director of Nursing (D.O.N.) and Administrator present, the D.O.N indicated that it was the facility's expectation that C.N.A. #1 should have followed the safety interventions outlined in Resident #B's care plan, including placing her bed in low position and placing a mat at bedside, and she did not, resulting in injury to Resident B.</p> <p>During this interview the Administrator indicated C.N.A. #1 had been fully trained in facility policies related to safety, and that she had not followed facility policy and procedure in not ensuring Resident #B's safety.</p> <p>This survey resulted in a past non-compliance that began on 3/9/14. The past non-compliance deficient practice was corrected on 3/17/14 after the facility implemented a systemic plan that included the following actions: Resident #B was promptly assessed and sent to the hospital for appropriate treatment. CNA #1 was suspended at the time of the incident and subsequently terminated without returning to work. All staff potentially involved or aware of the incident were interviewed. All residents currently identified as fall and/or safety risks were reassessed for physician 's orders, care plans, and CNA assignment sheets. All other facility residents were reassessed for fall and safety risk. All care staff were inserviced related to fall and safety procedures, and reviewing and following care plan interventions. A procedure to conduct 5 random safety audits and observations was begun and continued. These actions were confirmed by document and record review and staff interview.</p>	F 323			

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F 323	Continued From page 7 This Federal tag relates to Complaint IN00145850.  3.1-45(a)(1) 3.1-45(a)(2)	F 323			